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SERIAL NUMBER 10/690,387	FILING DATE 10/21/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. AIJ-001CP
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APPLICANTS

Anne Marie Chalmers, Osprey, FL;

**** CONTINUING DATA *******
 This application is a CIP of 10/657,521 09/08/2003 *ST*

**** FOREIGN APPLICATIONS ******* *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 01/20/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>ST</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 12
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TITLE
 Medication delivery device

FILING FEE RECEIVED 1078	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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